



PERMIT APPLICATION - FLARES
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 59652 (09-10)

GENERAL

Name of Firm or Organization			Application Date
Applicant's Name	Title	Email	Telephone Number
Mailing Address	City	State	Zip Code
Plant Location 1/4 Sec. Twp. Rge.		County	Source ID

FLARE INFORMATION

Use: <input type="checkbox"/> Emergency <input type="checkbox"/> Process <input type="checkbox"/> Both	Subject to NSPS (40 CFR 60.18): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emission Point ID:	Height Above Ground Level (feet):	Diameter at Top (feet):
Flame Monitor: <input type="checkbox"/> Thermocouple <input type="checkbox"/> Infrared <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Acoustic <input type="checkbox"/> Other_____		
Ignition: <input type="checkbox"/> Automatic <input type="checkbox"/> Continuous Burning Pilot <input type="checkbox"/> Other_____		
Average Btu/1000 scf:	Percent H ₂ S:	Maximum Hourly Flow Rate to Flare:

AIR CONTAMINANTS EMITTED

Pollutant	Quantity		Basis of Estimate
	(pounds/hour)	(tons/yr)	
SO ₂			
VOC			
CO ₂ e			
Total HAPS			

Will flaring of gas comply with applicable Ambient Air Quality Standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IS THIS UNIT IN COMPLIANCE WITH ALL APPLICABLE AIR POLLUTION RULES AND REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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If "NO" a Compliance Schedule must be completed and attached.

Signature of Applicant	Date
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INSTRUCTIONS

Attach any extra pages you may need to explain answers or questions, or to provide complete listings of Emissions, Contaminants, or other items.

Submit your application and all documents to:

ND Department of Health
Division of Air Quality
918 E Divide, 2nd Floor
Bismarck, ND 58501-1947
(701)328-5188